

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CARDIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### TRUMPCARE

Mr. CARDIN. Mr. President, I take this time to talk about the Republican American Health Care Act that was released, I guess, about a week or two ago, affectionately known as TrumpCare. I start by saying, what is this legislation trying to achieve? When I listen to the Republicans talk about why they have introduced this bill, what their concern is with the Affordable Care Act, they usually mention their No. 1 concern is to deal with the increased premium costs that Americans have had under the Affordable Care Act. They normally will point to the individual marketplace, where we have seen increases in premium costs as the market has adjusted to the ratings of those who entered the individual marketplace.

So it was very interesting, as I took a look at the Congressional Budget Office analysis of what the Republican TrumpCare bill would do. The Congressional Budget Office, let me remind my colleagues, is the objective scorekeeper. The leader of the Congressional Budget Office was appointed by the Republican leadership. It is the professional career people who make their best judgment of the impact of legislation that we are considering.

Remember, the Republicans have said their principal objective is to bring down the cost, particularly for those entering the individual marketplace, but according to the Congressional Budget Office, in 2018-19, the average rate in the individual marketplace will increase by 15 to 20 percent. Let me say that again. The Congressional Budget Office tells us the premium increases under TrumpCare will increase for the individual 15 to 20 percent.

Now, that could be a lot higher. That is the average. So let me give you the number. If you happen to be 64 years of age, with an income of \$26,500, under the Affordable Care Act, you would pay \$1,700 in premiums. Under TrumpCare, you would pay \$14,600, or a 750-percent increase. That would equal to about 55 percent of your income in the health insurance premiums. Obviously, that is not affordable. A person of that age and income would have no ability to purchase insurance at an affordable rate under the American Health Care Act or TrumpCare.

Let me take a look at some other reasons why we may be looking at this repeal-and-replacement bill. I listened to the President. I listened to my col-

leagues, and they say, first, they want to make sure they do no harm, that everyone will be at least as well off as they are today, and that there would be more choice to the consumers in buying health insurance.

Once again, I point to the Congressional Budget Office, the objective scorekeepers. What would happen if TrumpCare were enacted? What would happen as far as individuals who currently have health insurance today? According to the Congressional Budget Office, next year, 2018, there would be 14 million less people insured than there are under the Affordable Care Act. If you project that out to 2026, they indicate there would be 24 million more people who would lose their insurance.

Let me quote from The Baltimore Sun in this morning's editorial, where they pointed out that number: Twenty-four million would equal all the residents of Utah, Mississippi, Arkansas, Nevada, Kansas, Nebraska, West Virginia, Idaho, Montana, North Dakota, South Dakota, Alaska, Wyoming combined would have no insurance coverage. That is what 24 million represent in America. Clearly, this bill is not carrying out the commitment to do no harm because 24 million more Americans will certainly be in worse shape.

Then I heard the President talk about the fact that he wants to do no harm to the Medicare Program or the Medicaid Program. I took a look again at what this bill does in regard to Medicare because the bill repeals the tax on high income; that is, there is currently in law a tax for unearned income above \$250,000, a tax that goes into the Medicare trust fund, Part A. The TrumpCare repeals that tax. Therefore, the Medicare trust fund doesn't get the income. That would reduce the solvency of the Medicare trust fund by 3 years, jeopardizing the Medicare system. Clearly, if this bill was aimed at not hurting Medicare, it hasn't achieved that purpose.

Let's talk a little about Medicaid. What does this bill do to Medicaid? According to the Congressional Budget Office, it shifts hundreds of billions of dollars from the Federal Government to our States. Our States clearly cannot handle that. I have heard from my Governor. I am sure my colleagues heard from our other Governors. There is no possibility that they could pick up that. The Medicaid Program will be in very serious jeopardy of being able to continue anything like it is today. For Maryland—the State I have the honor of representing—the passage of TrumpCare would jeopardize the over 289,000 Marylanders who have received insurance coverage as a result of Medicaid expansion under the Affordable Care Act. They very well would lose their coverage.

What does that mean? Well, they better stay well because they are not going to get preventive healthcare covered by insurance. They are less likely to get their preventive healthcare serv-

ices and the screenings, and, yes, they will return once again to use the emergency room of hospitals as their last resort in order to get their family's healthcare needs met—the most expensive way to get healthcare in our Nation.

With the elimination of essential health benefits for Medicaid expansion enrollees, what does that mean? That means the Medicaid population—which in Maryland is hundreds of thousands of people—would lose their essential health benefits, which includes mental health and addiction services.

We are in the midst of an opioid drug addiction epidemic in America. I have traveled my entire State and have had roundtables with law enforcement and health officials, and they tell me about the growing number of addictions in their community. One of the things they need to do is to be able to get people care and treatment, and we are saying we are going to cut off treatment for millions of Americans. That is what TrumpCare would do, cutting off those benefits.

This bill would shift costs. What do I mean by that? Well, it adds costs to the healthcare system. If an individual stays healthy and uses our healthcare system the way they should, it is a lot less costly than entering our healthcare system in a more acute fashion or using our emergency rooms rather than using healthcare providers who are a lot less expensive and more efficient.

So we are going to add to the cost of our healthcare system because of inefficiencies. Many times that extra cost is not paid for by those who have no health insurance; the fact is, it becomes part of what we call uncompensated care. We had that before the Affordable Care Act. With the increase in uncompensated care, all of us who have insurance will pay more because we are going to pay for the people who don't have health insurance, who use the healthcare system and don't pay for the healthcare system. That is a formula for extra costs for all of us.

This legislation would be an attack on women's healthcare. It would attack and eliminate not only the funding for Planned Parenthood, which is critically important in many parts of our country where they are the only healthcare provider for women's healthcare needs, but also eliminate essential health benefits for Medicaid expansion enrollees, which include maternal health. Those guarantees that exist today would no longer be there. With the pressure on the States, it is unlikely that they would be able to maintain the same degree of coverage for our women. Women are more likely to be vulnerable and on Medicaid.

It is an attack on our elderly. I have already talked about Medicare solvency, reducing Medicare solvency by 3 years, but there are more attacks than that. Over half—I think it is 60 to 65 percent of the cost of Medicaid goes to senior care, long-term care or to care

for individuals with disabilities. Most families in America get their costs covered for long-term care through Medicaid. The States are not going to be able to maintain the same level of coverage with the loss of hundreds of billions of dollars of Federal funds. Our seniors and individuals with disabilities will be in jeopardy of losing a lot of their long-term care coverage.

The legislation, TrumpCare, increases the loss ratios for older people from 3 to 1 to 5 to 1. That increases the cost dramatically for older Americans. That is one of the reasons the AARP opposes the legislation. Let me quote them:

This bill would weaken Medicare's fiscal sustainability, dramatically increase healthcare costs for Americans age 50 to 64, and put at risk the healthcare of millions of children and adults with disabilities and poor seniors who depend on the Medicaid program for long-term care services and support and other benefits.

That is AARP. I already talked about the Congressional Budget Office being a neutral observer. The AARP, of course, is interested in what impact it has on our elderly population. They very clearly say that they are being put at risk.

Let me also talk about affordability. When you have a person who can no longer afford coverage—I already mentioned that person 64 years of age who would have to pay 55 percent of their income in order to get health coverage. That person can't afford coverage. Let's say that person is relatively healthy, so they go without insurance. Well, they need insurance. Maybe someone is young and decides not to get health coverage; they will get it when they need it. There is a 30-percent surtax if you don't keep insurance. That is going to keep people out of the health insurance marketplace who desperately need healthcare.

Once again I am going to quote from the Sun paper. The Baltimore Sun really summed it up fairly well, particularly with their attack on the Congressional Budget Office. I think that is a very unfair attack. We all obviously take issue at times with the estimates of the Congressional Budget Office, but it is the objective scorekeeper. It has the most accurate assessments we get on legislation we consider here. That is why we created the Congressional Budget Office—to give us that advice.

The Sun paper, in their editorial this morning, said:

Small wonder that President Donald Trump and certain Republican leaders were busy bad-mouthing the CBO even before its report came out. The last thing they needed is the nonpartisan number crunchers to offer an informed view instead of the usual political caterwauling about the "failings" of the Affordable Care Act. And this is particularly rich: Republicans say the CBO blew ObamaCare estimates years ago when it was circumstances well beyond the CBO's control that caused analysts to incorrectly predict ObamaCare enrollment. Should analysts have expected the Supreme Court to deem the Medicaid expansion optional and GOP-controlled States to refuse to accept it? Were

they mistaken to assume Congress could actually follow the law and fund programs to stabilize state insurance exchanges?

Might the CBO be off-target again? Absolutely. But it's at least as likely that the office is low-balling the most damaging effects of TrumpCare as it is potentially over-stating the harm. The Congressional Budget Office is as close to an umpire as exists in Washington. It has certainly been a lot more on target than the Trump administration, which has consistently misled Americans on almost everything from the definition of "wiretapping" to the claims of "millions of illegal voters" casting ballots in the last election. Even those overstated ObamaCare enrollment estimates were closer to being on the nose than those produced by the CBO's fellow forecasters at the Centers for Medicare and Medicaid Services and RAND Corporation.

Once again, Mr. Trump and his minions have been caught making up facts. The President promised the ObamaCare replacement would provide insurance for everyone and it would be less expensive. Nobody can make that claim about TrumpCare. As the CBO points out, premiums will rise 15–20 percent overall for the first two years, and more for older Americans.

The American public expects us to work together to improve our healthcare system. Instead of repealing and replacing the Affordable Care Act with this legislation that will put us in much worse shape, we should be looking at how we can build on the progress we have made under the Affordable Care Act.

Yes, we can bring down costs. Let's bring down costs by taking on the cost of prescription drugs. We know that Americans overpay on prescription drugs. There is bipartisan support in the Senate to pass legislation using America's buying power to help our consumers pay less for prescription costs.

Yes, we should have more competition with insurance carriers. Why not have a public option and see how well the private companies can compete with a public option?

Yes, we can improve the way we deliver care and make it more cost-effective. We, in a bipartisan manner, went down that path in the last Congress under the Comprehensive Recovery and Addiction Act and the 21st Century Cures Act, where we looked at ways that we can collaborate on care for addiction services and mental health so people can get the care they need in the setting they need, whether it is an emergency room or a primary care physician's office.

We have made progress making our healthcare system more cost-effective and efficient. That is what we should be doing—building on the Affordable Care Act rather than taking away critically important benefits. The Republican plan moves us in the wrong direction, and it should be rejected.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. FLAKE). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, I ask unanimous consent that I be allowed to speak as in morning business for as long as I want.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Arizona is recognized.

#### MONTENEGRO'S ACCESSION INTO NATO

Mr. MCCAIN. Mr. President, I am pleased to be in the company of the distinguished Senator from Maryland, Mr. CARDIN, the ranking member on the Foreign Relations Committee and one who is most knowledgeable on issues of national security and foreign policy. I believe that Senator SHAHEEN from New Hampshire will be joining us.

This is an issue that I am sorry has to be brought up in this fashion. It concerns a little country that wants to be a part of the European Union, that wants to be a part of the values, customs, and ideals of the West and has been under significant pressure and even assault from Russia.

In fact, although it wasn't as recognized as it should have been at the time, Russia has sought to keep Montenegro from becoming a NATO member, launching an anti-NATO campaign that has been both brazen and unscrupulous. Russia has exerted outsized influence to stop Montenegro's membership, calling further NATO enlargement a "provocation." Russia went so far as to plot a coup d'etat in which they planned to assassinate the Montenegrin Prime Minister and seize control of government buildings in the capital. I repeat: The Russians tried a coup in Montenegro. They wanted to kill the Prime Minister and overthrow the government in order to keep Montenegro from becoming a part of NATO.

If we send this clear message to Russia that it won't have veto power over NATO enlargement decisions—and, frankly, I am puzzled that there is any objection to this, considering the fact that Montenegro has spent the last 7 years preparing for NATO eligibility. This has strengthened the country's defense and intelligence forces and transformed the country into a strong Western ally.

It is a small country and a beautiful country, but it is an important Balkan nation. Its membership in NATO would improve the stability in the region, where, I know my colleagues would agree, there is great instability.

Stopping Montenegro's NATO candidacy would represent a significant shift in U.S. policy and signify an acquiescence to Moscow's growing influence in the Balkans, producing a ripple effect throughout the region that would have profound ramifications on our shared security interests.

The United States has benefited tremendously from peace and stability in Europe, and the foundation of that